207HCC ESA

**Department of Revenue Services State of Connecticut** 

For Calendar Year Ending

**Estimated Health Care Center Tax Payment Coupon** PO Box 2990 Hartford CT 06104-2990 (Rev. 12/02)

CT Health Care Center Tax Reg. No.	1	Tax shown on 2002 Form 207HCC, Line 15	<b></b>	1	
Date Received (DRS USE ONLY)	2	Multiply the tax that will be shown on 2003 Form 207HCC by 90% (.90)	<b></b>	2	
<b>▶</b>	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	<b></b>	3	
Federal Employer ID Number	4	Multiply Line 3 by 30% (.30)	<b></b>	4	
<u> </u>	5	Overpayment from prior year applied to this estimate	<b></b>	5	
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	<b></b>	6	

Please change name or mailing address, or both, if shown

at right

Due Date: March 15 Make Checks Pavable To: Commissioner of Revenue Services

For Calendar Year Ending

Department of Revenue Services

Processing Section PO Box 2990 Hartford CT 06104-2990

207HCC ESB - Second Installment

**Department of Revenue Services** State of Connecticut PO Box 2990 Hartford CT 06104-2990 207HCC ESB

**Estimated Health Care Center Tax Payment Coupon** (Rev. 12/02)

CT Health Care Center Tax Reg. No. Tax shown on 2002 Form 207HCC, Line 15 **▶** 1 2 Multiply the tax that will be shown on 2003 Form 207HCC by 90% (.90) 2  $\triangleright$ Date Received (DRS USE ONLY) Required annual payment (Enter the lesser of Line 1 or Line 2) 3 3  $\triangleright$ Multiply Line 3 by 60% (.60) 4 4 ▶ Federal Employer ID Number Amount paid with Form 207HCC ESA plus overpayment from prior year applied 5 5  $\blacktriangleright$ to estimated tax for current year 6 Payment due with this coupon (Subtract Line 5 from Line 4) 6

Please change name or mailing address, or both, if shown incorrectly

at right

Due Date: June 15

Make Checks Payable To: Commissioner of Revenue Services

Mail To: Department of Revenue Services

Processing Section PO Box 2990 Hartford CT 06104-2990

207HCC ESC - Third Installment

Department of Revenue Services State of Connecticut

207HCC ESC

**Estimated Health Care Center Tax Payment Coupon** (Rev. 12/02)

PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

CT Health Care Center Tax Reg. No.  Date Received (DRS USE ONLY)  Federal Employer ID Number	1	Tax shown on 2002 Form 207HCC, Line 15	<b>&gt;</b>	1	
	2	Multiply the tax that will be shown on 2003 Form 207HCC by 90% (.90)	<b>&gt;</b>	2	
	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	<b>&gt;</b>	3	
	4	Multiply Line 3 by 80% (.80)	<b>&gt;</b>	4	
	5	Amount paid with Forms 207HCC ESA and 207HCC ESB plus overpayment from prior year applied to estimated tax for current year	<b>•</b>	5	
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	<b>•</b>	6	

Please change name or mailina address. or both, if shown incorrectly at right

Due Date: September 15 Make Checks Payable To:

For Calendar Year Ending

Commissioner of Revenue Services Department of Revenue Services Mail To:

Processing Section PO Box 2990 Hartford CT 06104-2990

207HCC ESD - Fourth Installment

**Department of Revenue Services** State of Connecticut PO Box 2990 Hartford CT 06104-2990 207HCC ESD

**Estimated Health Care Center Tax Payment Coupon** 

(Rev. 12/02)		•			
CT Health Care Center Tax Reg. No.	1	Tax shown on 2002 Form 207HCC, Line 15	<b>•</b>	1	
Date Received (DRS USE ONLY)	- 2	Multiply the tax that will be shown on 2003 Form 207HCC by 90% (.90)	•	2	
<b>&gt;</b>	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	<b>&gt;</b>	3	
Federal Employer ID Number	4	Amount paid with Forms 207HCC ESA, 207HCC ESB, and 207HCC ESC plus overpayment from prior year applied to estimated tax for current year	<b>&gt;</b>	4	
	5	Payment due with this coupon (Subtract Line 4 from Line 3)	<b>&gt;</b>	5	

Please change name or mailing address, or both, if shown incorrectly

at right

Due Date: Make Checks Pavable To:

Commissioner of Revenue Services

Mail To: Department of Revenue Services

Processing Section PO Box 2990

Hartford CT 06104-2990

### Instructions

#### Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

#### **Required Annual Payment**

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 **Form 207HCC**; or
- (2) 100% of the tax shown on your 2002 Form 207HCC, Line 15.

**Payment Due With This Coupon** 

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

#### Interest

If the payment, together with all prior payments, does not equal 30% (.30) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207HCC ESA Back (Rev. 12/02)

## Instructions

#### Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

#### **Required Annual Payment**

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 **Form 207HCC**; or
- (2) 100% of the tax shown on your 2002 Form 207HCC, Line 15.

**Payment Due With This Coupon** 

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207HCC ESA and any overpayment from a prior year.

### Interest

If the payment, together with all prior payments, does not equal 60% (.60) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207HCC ESB Back (Rev. 12/02)

## Instructions

## Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

## Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 **Form 207HCC**; or
- (2) 100% of the tax shown on your 2002 Form 207HCC, Line 15.

Payment Due With This Coupon

Eighty percent (80%) of the required annual payment less any estimated payments made with Forms 207HCC ESA and 207HCC ESB and any overpayment from a prior year.

## Interest

If the payment, together with all prior payments, does not equal 80% (.80) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207HCC ESC Back (Rev. 12/02)

# Instructions

# Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

## **Required Annual Payment**

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 Form 207HCC; or
- (2) 100% of the tax shown on your 2002 Form 207HCC, Line 15.

**Payment Due With This Coupon** 

One hundred percent (100%) of the required annual payment less any estimated payments made with Forms 207HCC ESA, 207HCC ESB, and 207HCC ESC and any overpayment from a prior year.

## Interest

If the payment, together with all prior payments, does not equal 100% (1.0) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.